ENVISAGING THE FUTURE OF POLICING AND PUBLIC HEALTH

INNOVATIVE HARM REDUCTION PROGRAMS AND POLICE PARTNERSHIPS FROM AROUND THE WORLD

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Cover photo source: United Nations Peacekeeping

ABOUT THIS REPORT

In September 2022, the Global Law Enforcement and Public Health Association held a major event series called the 'Marketplace of Ideas', which showcased practical and innovative approaches to addressing public health issues that have traditionally been criminalised or over-policed, with a particular focus on policing and policing alternatives. The United Nations Office on Drugs and Crime was a major supporter of the event series.

This report summarises the key learnings and discussions stemming from the event's session on 'Law Enforcement, Drugs and Harm Reduction' in which six exciting programs from around the globe were selected to present their unique approaches to effectively addressing HIV and problem drug use with police as partners in these public health endeavours.

In this report, we examine these six case studies to better understand the key elements of the programs, to discuss their common characteristics, and to demonstrate the importance of collaborating across sectors to change perspectives and improve community safety, health and wellbeing outcomes.

A video recording of the full session can be viewed here: https://glepha.com/moi-video/

INTRODUCTION:

HARM REDUCTION POLICING – A NEW WAY FORWARD

In many countries around the world, communities are facing significant health and safety challenges associated with drug use and other risk-taking behaviours (Thomson et al., 2016). These challenges include the spread of disease, such as HIV and hepatitis C, rising rates of overdose deaths, and drug-related crime, among many others.

Law enforcement officers often find themselves tasked with handling these challenges and use punitive measures such as arrest and incarceration even though many of these issues are clearly better addressed by health and welfare approaches. It has been well documented that many policing efforts actually *increase* health risks by functioning as a barrier to health and social services (Krupanski 2018; Crofts & Patterson 2016). Punitive policing can cause people to hide or share needles used for injection, to lie about their drug use or sexual activity, or to not report emergency drug overdoses that could be reversed (Crofts & Patterson 2016).

In contrast, policing that adopts a 'harm reduction' approach engages communities in a manner that builds trust and seeks to build the capacity of public systems to address the health needs of individuals and protect the safety and security of communities while upholding their human rights (Krupanski 2018). To do this effectively, it has become increasingly clear that police play a vital role in protecting and promoting individual and public health, especially the health of vulnerable communities (United Nations Office on Drugs and Crime 2021).

There is a growing recognition that law enforcement cannot solve these issues alone and police need to work in partnership with health services and community groups to design appropriate approaches that respond to the needs of vulnerable people (Caulkins & Reuter 2009; Van Dijk & Crofts 2017). We now know that fostering collaboration, mutual learning and understanding between the law enforcement and public health

sectors is imperative if we are to effectively reduce harm and provide communities with appropriate care and support.

Based on the direct experiences of law enforcement officers from across the globe, this report showcases alternatives to common punitive policing models that instead adopt harm reduction approaches. We look at six examples of practical programs – in South Africa, Kyrgyzstan, the United States, Zambia, Scotland and Kenya – that are trying something new by strengthening partnerships between the law enforcement and public health sectors with the aim of reducing health risks associated with drug overdose, HIV infection and hepatitis.

CASE STUDY 1:

POLICING HARM REDUCTION DURING COVID-19 IN DURBAN, SOUTH AFRICA

DRUG USE AND ACCESS TO SERVICES IN SOUTH AFRICA

It is estimated that there are between 67,000 and 75,000 people who inject drugs in South Africa (Petersen et al. 2013). Data indicates that there is a high rate of HIV and viral hepatitis among people who inject drugs; HIV prevalence was found to average around 14% across five major cities (Scheibe et al. 2016), while hepatitis C prevalence was even higher at around 55% across major cities (Scheibe et al. 2017).

Access to appropriate harm reduction services is poor across the country. Although the 2017 – 2022 South African National Strategic Plan for HIV, Tuberculosis and Sexually Transmitted Infections discusses the need to ensure harm reduction services can be accessed by people who inject drugs, in practice there continues to be widespread resistance to providing these types of services due to long-standing societal stigma and discrimination toward drug users.

THE BELLHAVEN HARM REDUCTION CENTRE

In 2017, the Durban University of Technology's Urban Futures Centre, together with TB HIV Care, opened South Africa's first low threshold opioid substitution therapy program in the city of Durban. The program provided an important evidence-based service to low-income people who use drugs. It also served as an advocacy platform, providing evidence of the efficacy and efficiency of this type of program in a local South African context.

On account of the program's influence politically and the success of its demonstration pilot, the Bellhaven Harm Reduction Centre was officially founded in June 2020 by Durban University of Technology, Advance Access and Delivery, and the South African Network of People who Use drugs to provide services for people who use drugs throughout the Covid-19 lockdown.

In Durban, as in other cities in the country, the dominant response of the municipality had until then been to make drug use invisible through prohibition and a promotion of abstinence approaches. This government mentality failed dismally, resulting in the rise of street-level heroin use. During the Covid-19 hard lockdown the municipality was forced to

re-examine its approach to drug use, taking guidance from non-state actors in an attempt to more effectively reduce the harms associated with drug use (Marks & Moodley 2021). The city's Deputy Mayor facilitated the creation of the Centre as an approach to protect people facing homelessness from contracting Covid-19, and to prevent them from spreading the virus to others.

The Bellhaven Centre continues to provide harm reduction services to roughly 200 homeless and low-income people daily. The facility offers a one-stop drop-in service staffed with medical professionals where clients can access a full range of services including methadone treatment, individual and group psychosocial services, needle and syringe programs, testing, referral and medication for HIV, tuberculosis and hepatitis, washing facilities, basic meals, recreation and creative activities, as well as a safe space for religious and spiritual activities.

'THE DURBAN MOMENT': BRINGING TOGETHER POLICE, PUBLIC HEALTH WORKERS AND PEOPLE WHO USE DRUGS

In Durban and across South Africa, people who use drugs are typically confronted with stigma, marginalisation and social exclusion, and routinely targeted by the police. A central objective of the Bellhaven Centre is to facilitate and improve connections between police and drug users, and between public health and public safety personnel. The Centre encourages the Durban Metropolitan Police to practice 'minimalised' and 'empathic' policing towards people who use drugs. It works to demonstrate the benefits of diverting drug users away from the criminal justice system. During the Covid-19

lockdown, the Durban Police became advocates for harm reduction as they were involved in planning this medial intervention and played a critical role in setting up the program and referring people to the Centre (Marks, Wilson & Shelly 2020).

Drawing on the tenets of the Law Enforcement Assisted Diversion (LEAD) Model, first developed in the United States and adapted to the local context, the Bellhaven Centre is in the process of establishing pathways for police to link people up to an array of clinical and other support services. The next phase of the Bellhaven project will be to develop formal referral processes so that the Durban Metropolitan Police can make referrals to the Centre's LEAD Case Manager, further expanding the Centre's harm reduction approach to public health and safety.

CASE STUDY 2:

OVERCOMING LEGAL BARRIERS TO HIV PREVENTION PROGRAM IN THE KYRGYZ REPUBLIC

NATIONAL HIV RESPONSE IN KYRGYZSTAN

According to the *2020-2025 Kyrgyzstan National Strategic Plan to Reduce Human Rights–Related Barriers to HIV, Tuberculosis and Malaria Services* the number of HIV cases in the Kyrgyz Republic has continued to grow, increasing 25% between 2016 and 2019 and affecting mainly people of working age (20-49 years) (Kyrgyzstan National Strategic Plan 2020). Overall, key populations in Kyrgyzstan most vulnerable to contracting HIV are injecting drug users, female sex workers and their partners. These populations tend to have low levels of access to information, while their access to prevention measures, treatment and care is often compromised by the stigma and discrimination they face in society.

In recognition of these barriers, one of the strategic directions articulated in the National Strategic Plan is to "increase the competence of law enforcement officials and health care organisations in the field of the rights of key populations, people living with HIV and tuberculosis". Another is to include these issues in existing training systems, such as in the official training for law enforcement officials, for staff from the Ministry of Health, State Penitentiary Service and Ministry of Justice, and in the training-of-trainers modules for public servants.

AFEW'S HIV PREVENTION PROGRAM

The mission of the AIDS Foundation East-West (AFEW) is to improve the quality of life for all Kyrgyz people and help obtain services to prevent the transmission of HIV, tuberculosis,

hepatitis C, and other sexually transmitted diseases, with a special focus on key vulnerable populations. AFEW has been operating in Kyrgyzstan since 2005, initially as a branch of AFEW International, and later registered as a local NGO in 2013. The organisation aims to reduce the impact of HIV by supporting health authorities in the prevention and treatment of the virus, and by advocating for universal access to treatment and care.

To achieve this, AFEW promotes a multi-sectoral approach and seeks to enhance cooperation between government and non-governmental organisations. The organisation encourages community participation and the involvement of people living with and affected by HIV. Aligning with the Kyrgyz National Strategic Plan, AFEW has assisted the Kyrgyz Ministry of Internal Affairs in developing guidelines and a training manual for public officials from Authorised State Bodies, the Ministry of Internal Affairs, and the Drug Control and Penal Enforcement Office. AFEW has also helped the police academy to develop training modules on harm reduction.

The guidelines and training manual were developed with the intention of regulating the activities of police officers in their interaction with key vulnerable populations. These resources provide instructions for police on how to treat people without stigma or discrimination, how to ensure the rights of these vulnerable individuals are protected, and how to direct people to appropriate state-run and NGO-run harm reduction services, such as syringe exchange, methadone maintenance, AIDS centres, and HIV prevention programs. The training manual also contains a list of local organisations that provide HIV prevention and treatment services.

EFFECTIVENESS OF THE TRAINING PROGRAMS

In 2020, a review was conducted to assess the effectiveness of these training programs. Around 800 people who use drugs in the community who had been in contact with the police were surveyed for the review. Remarkably, compared to 2016 when 73% of respondents reported having a negative experience when interacting with the police, by 2020 this number had reduced to just 11%. A separate survey of police officers found that each year since the trainings began, the level of police awareness on HIV issues rose by a further 16%.

The findings of this review highlight the important role police officers play in the implementation of the Kyrgyz National HIV Strategic Plan and the importance of collaborating with civil society organisations to ensure key vulnerable populations have access to the health and support services they need.

CASE STUDY 3:

A MODEL PUBLIC HEALTH AND PUBLIC SAFETY PARTNERSHIP FOR REDUCING OVERDOSE DEATHS IN NEW YORK CITY

THE NYC RXSTAT MODEL

NYC RxStat is a collaborative working group bringing together local, state, and federal public health and public safety agencies in New York City to share data and develop cross-sector interventions to reduce overdose deaths and other associated drug harms. RxStat is the first such cross-sector drug policy partnership in the United States and a national model for the implementation of these type of collaborations in other jurisdictions.

BUILDING THE RXSTAT MODEL IN NEW YORK CITY

The New York City RxStat partnership, jointly led by the New York City Department of Health and Mental Hygiene and the New York/New Jersey High Intensity Drug Trafficking Area, is the first public health / public safety partnership in the United States formed to reduce drug overdose death and develop collaborative responses to minimise the harms associated with prescription opioid and other drug misuse.

As a novel intervention, RxStat integrates two complementary but distinct disciplines that have traditionally worked in isolation from each other: Public health, including the health care sector and public functions that support the social determinants of health, and public safety including the criminal justice sector and public functions that support non-enforcement emergency responses.

The partnership was founded in New York City in 2011 as a data-sharing collaborative between public health and public safety to generate data-

driven programmatic interventions and policy responses. As of December 2021, the partnership comprised 38 local, state, and federal member agencies. RxStat aims to integrate the CompStat model of data-driven policing with actionable public health data and interventions. As a national model, RxStat has received funding support from the Federal Government. To facilitate replication to other jurisdictions, the CDC Foundation has developed the "public health and safety team" framework for cross-sector drug overdose prevention partnerships modelled on RxStat.

EVALUATING NYC RXSTAT IN PRACTICE

As the first cross-sector drug overdose prevention partnership in the United States, evaluation of RxStat's implementation is crucial to inform continuation in New York City and replication in other jurisdictions. No prior research had assessed how cross-sector partnerships function in practice. This qualitative evaluation captured the experiences of 25 current and former RxStat members from public health and public safety to explore implementation challenges, successes, and lessons learned from the first decade of the program.

Photo source: The City of New York Office of the Mayor

CROSS-DISCIPLINARY TENSIONS AND TRUST BUILDING

Project stakeholders held divergent views about the compatibility of public health and public safety and the ability of the two sectors to work meaningfully together. This led to important group discussions about the necessity of cross-sector collaboration and the achievement of compatibility. The barriers to compatibility frequently centred on the program and policy tactics of each discipline. For instance, there were different views about the use of coercion as a strategic policy tool which was typically endorsed by the public safety stakeholders, while public health stakeholders generally perceived coercive (i.e. enforcement-driven) policies as inappropriate. Some, but not all, stakeholders described the ideological tension as a fundamental impediment to meaningful cross-sector implementation.

LOOKING FORWARD: OPPORTUNITIES FOR IMPROVING IMPLEMENTATION OF THE MODEL

In an evaluation of the pilot project, stakeholders across both sectors noted that the lack of a central cross-agency authority could contribute to an adversarial culture, and in turn may be an impediment to the potential of the RxStat model. It was also noted that limiting membership on the RxStat Working Group to government officials may restrict the scope of what is discussed. The evaluation recommended that to encourage greater accountability it was important to incorporate perspectives of individuals working within communities and with people who use drugs.

Drawing on the successes of the New York City pilot, the evaluation recommends that to ensure the RxStat model is effectively scaled up in other jurisdictions the following three opportunities could be considered:

Opportunity 1: To ensure stakeholder and agency accountability:

- Invite non-governmental stakeholders to join RxStat
- Orient cross-sector programmatic responses alongside trends in overdose death

- Prioritise record keeping
- Raise public awareness of RxStat and its expected outcomes

Opportunity 2: To build secure and mutually beneficial data systems:

- Centralise data-sharing to foster inter-agency and public trust
- Engage expert analytic support for rigorous program and policy evaluation
- Assess where disciplinary goals and strategies are shared and are divergent

Opportunity 3: To structure partnerships to facilitate equitable collaboration:

- Centralise the partnership within an executive leadership body
- Ground the partnership in strong leadership across sectors
- Leverage the diversity of expertise to develop cross-sector initiatives through sub-committees

CASE STUDY 4:

PREVENTING AND REDUCING HIV/AIDS-RELATED DEATHS IN THE ZAMBIAN POLICE SERVICE

IMPACT OF HIV/ AIDS ON THE ZAMBIAN POLICE SERVICE

The main responsibilities of the Zambian Police Service are to enforce the law and maintain peace and order throughout the country. Alarmingly, in 2002 at the onset of the HIV epidemic in Zambia, the police force was losing around 100 officers per month with most officers dying in their prime age of service (HIV & AIDS, Sexually Transmitted Infections and Tuberculous Workplace Policy of the Zambia Police Service 2005). This had serious implications on the quality of the Police Service given the shortage of officers, which impacted on the safety of the wider community and on the health and economic security of the police officers' families.

It soon became apparent that police officers were vulnerable to contracting HIV due to multiple factors associated with their lifestyle and occupation. For instance, many officers have relative wealth to spend and live away from home while on duty where they have the opportunity to engage the services of sex workers. This led to a higher-than-average prevalence of HIV/AIDS within the police force.

In order to design appropriate health responses, the Police Service undertook preliminary research with the aim of:

- Understanding the effect police officers have on the spread of HIV among the civilian populations that they serve
- Understanding the impact of HIV/AIDS on the functions and effectiveness of police officers to fulfill their service duties
- Understanding the impacts of HIV/AIDS on the Police Service and on broader economic and national security

MEASURES ADOPTED BY THE ZAMBIAN POLICE SERVICE TO ADDRESS THE AIDS EMERGENCY

It is against this backdrop that the Police Service adopted a series of measures to protect the health and well-being of its workforce, and later expanded these interventions to other people in need. The high rate of infection and subsequent fatalities prompted the Police High Command to establish HIV/AIDS, Tuberculosis, and Sexually Transmitted Infections Units within police divisions at the provincial and district area levels. These Units were mandated to implement and coordinate a series of interventions, which were categorised into three groups:

Behavioural interventions

Interventions aimed to reduce the risk of HIV transmission by changing police officers' risk-taking behaviours, including:

- The cultural contexts within which risk-taking behaviour occurs
- Stimulating uptake of HIV prevention services
- Discouraging multiple concurrent sexual partnerships
- Encouraging treatment adherence among those living with HIV

Biomedical interventions

Interventions which use a mix of clinical and medical approaches to reduce HIV transmission, including:

- Promotion of voluntary male circumcision, which reduces the risk of HIV transmission by up to 60% during unprotected heterosexual sex
- Provision of antiretroviral drugs for HIV treatment and prevention
- Early diagnosis and treatment of sexually transmitted infection

Structural interventions

Interventions that address the underlying factors that make individuals and groups vulnerable to HIV infection at broader social, economic, political or environmental levels.

To implement these measures and ensure the comprehensive provision of services, the Police Service worked closely together with a range of non-profit organisations, the Ministry of Health, civil society and faith-based groups.

Concurrently, the Zambian Police Training College provided capacity development training to the Police Service by delivering courses on police duties, national law, human rights, ethics and first aid. Educational materials on HIV/AIDS, tuberculosis, and sexually transmitted infections were also provided to police officers and their families, as well as to other high-risk groups in the community.

PROJECT OUTCOMES AND EFFECTIVENESS

Existing data indicates that there has been a dramatic reduction in HIV deaths within the police force, which has dropped from around 1200 deaths in the year 2002 to 103 in the year 2021. Although additional data collection has been relatively limited to date, anecdotal evidence suggests that there have also been marked improvements in the quality of the relationships between the police and focus communities.

By developing and enhancing multi-sectoral partnerships and pulling together resources to fund appropriate responses, the project has succeeded in preventing unnecessary HIV/AIDS-related deaths within the police service.

Photo source: Zambian Police Brass Band during World AIDS Day, Angela Mwenda

CASE STUDY 5:

SCOTLAND POLICE CARRIAGE OF NALOXONE

SCOTLAND POLICE RESPONSE TO OVERDOSE DEATHS

Scotland has highest number of drug related deaths in Europe (Carrell 2021). Speaking at the Faculty of Public Health's annual conference in November 2019, Scottish Minister for Public Health, Joe Fitzpatrick, proclaimed that the number of people dying from drug use in Scotland was a "public health emergency", and vowed he would support any measures to reduce the "devastating impact of substance misuse" (BMJ 2019).

In the same year, the Scottish Drug Deaths Taskforce was established to identify measures to improve the health of the Scottish population by preventing and reducing drug use, harm and related deaths. One measure recommended by the Taskforce was the use of naloxone, an opioid antagonist, which can quickly and safely (although only temporarily) reverse the effects of an opioid-related overdose.

PILOT TESTING POLICE CARRIAGE OF NALOXONE

The Scottish Government agreed to provide funding for Police Scotland to run a pilot project known as the 'Test of Change' which was conducted in several different locations between May and October 2021. In these pilot testing areas, around 800 police officers were trained in the administration of naloxone and of those trained 665 (81%) volunteered to carry nasal spray kits.

During the pilot testing phase, over 50 people in emergency overdose situations were administered naloxone by trained officers. In all incidents, the casualties were then given further medical assistance by medical professionals or left the scene of their own volition.

The types of incidents in which naloxone was administered included the following scenarios: where a member of the public called the police with a concern about a person, where officers discovered a casualty while on patrol, where a person became unconscious in police custody, or where there was deliberate overdose by a suicidal person.

EVALUATING THE EFFECTIVENESS OF ADMINISTERING NALOXONE

An independent evaluation conducted by the Scottish Institute for Policing Research and researchers from Edinburgh Napier University found there was "significant potential benefit in training and equipping police officers with naloxone nasal spray as part of emergency first aid until ambulance support arrives" (Hillen et al. 2022). The researchers emphasised that while naloxone is not a substitute for emergency medical care and should be considered only part of a solution to address drug-related death, it is an important intervention among a range of broader interventions for drug overdose treatment and support.

The evaluation concluded that:

- Naloxone is an evidence-based, safe, first aid intervention that saves lives.
- The majority of police officers who participated in the evaluation held a positive view of the carriage and administration of naloxone by officers

- Community participants overwhelmingly supported the pilot and saw no reason why it should not be compulsory for police officers to carry naloxone
- Naloxone training and carriage of the nasal spray should be made compulsory for all Scottish police officers and staff.

THE WAY FORWARD: NATION-WIDE ROLLOUT

In line with recommendations from the evaluation of the pilot testing, Chief Constable Iain Livingstone announced in February 2022 that all operational officers in the Scottish Police Service will be trained and equipped with the life-saving nasal spray. The nation-wide rollout of naloxone spray involves training and equipping over 12,000 police officers, up to and including the rank of inspector.

In a major report released by the Scottish Drug Deaths Taskforce in late 2022, the Taskforce describes the national plans for scale up of naloxone, emphasising "our aim is for Scotland to have the most extensive naloxone network anywhere in the world. There is a crucial need for national coordination of naloxone delivery" (Scottish Drug Deaths Taskforce 2022).

CASE STUDY 6:

THE KENYAN NATIONAL POLICE SERVICE HARM REDUCTION PROGRAM FOR KEY VULNERABLE POPULATIONS

HIV AND AIDS IN KENYA AND THE CONSTITUTIONAL RIGHT TO HEALTH

Former Kenyan President Moi declared HIV/AIDS a national disaster in 1999, and in the following year, the Government put in place the 'National HIV and AIDS Strategic Plan 2000-2005'. This comprehensive and multi-dimensional strategy was underpinned by Kenya's Constitution, which includes a Bill of Rights guaranteeing the rights and freedom of all Kenyans to attain dignity and the highest standards of health.

As a public institution, the approach and activities of the Kenyan National Police Service should align with the set of rights enshrined in the Constitution, including the constitutional right to health. For instance, the constitution states, "Every person is equal before the law and has the right to equal protection and equal benefits of the law; Equality includes the full and equal enjoyment of all rights and fundamental freedoms" (Section 27) and "Every person has a right to the highest attainable standard of health" (Section 43).

SUSCEPTIBILITY OF POLICE AND OTHER UNIFORMED OFFICERS TO CONTRACTING HIV

Kenya's National HIV and AIDS Strategic Plan addresses the susceptibility of military and police force officers to contracting the virus. Police and other uniformed officers are at exceptionally high risk of HIV as this population tends to be young, sexually active, susceptible to peer pressure, and often travel and work away from home where they are surrounded by opportunities to have casual sex and to engage the services of sex workers.

There are barriers to and opportunities for the promotion of HIV prevention among police and other uniformed officers. On the one hand, there are structural challenges within law enforcement services, such as the lack of continuity in leadership and high recruitment and training costs which inhibit efforts to educate all serving police officers. On the other hand, law enforcement agencies are highly structured bureaucratic organisations and can draw on clear chains of command to maximise the speed, efforts and effectiveness of HIV prevention programs.

THE NATIONAL POLICE SERVICE AIDS CONTROL PROGRAM

Aligned with the National HIV and AIDS Strategic Plan, a Police AIDS Control Unit was established in 2004. The Central Unit had a mandate to coordinate and facilitate the mainstreaming of HIV interventions into core police functions. This was set up in tandem with sub-level AIDS Control Units across the country to decentralise the programs' work. The whole HIV and AIDS control program for the Kenyan National Police Service was under the stewardship of the Inspector General of the Police.

The target populations for the Police AIDS Control Units included police officers, their families, customers, and clients, as well as the general community. The main goals of establishing these Units were initially to ensure that the Kenyan Police Service remain a healthy workforce and to raise police officers' awareness about their health risks and vulnerabilities. In addition, the purpose of the Units were to raise awareness about the particular situations facing key vulnerable populations.

The main objectives of the Units included:

- The delivery of sensitisation and training to enhance police officers' awareness of the law in relation to human rights and the impacts of stigma and discrimination on vulnerable communities.
- Policy development and advocacy to improve HIV prevention, care, treatment and support services.

- Health systems strengthening to leverage HIV responses so they better align with and deliver universal health care.
- The development of harm reduction programs, which include a focus on high throughput testing, early intensive behavioural interventions, pre- and post-exposure prophylaxis, condom use, voluntary medical male circumcision, prevention of mother-to-child transmission and treatment as prevention.

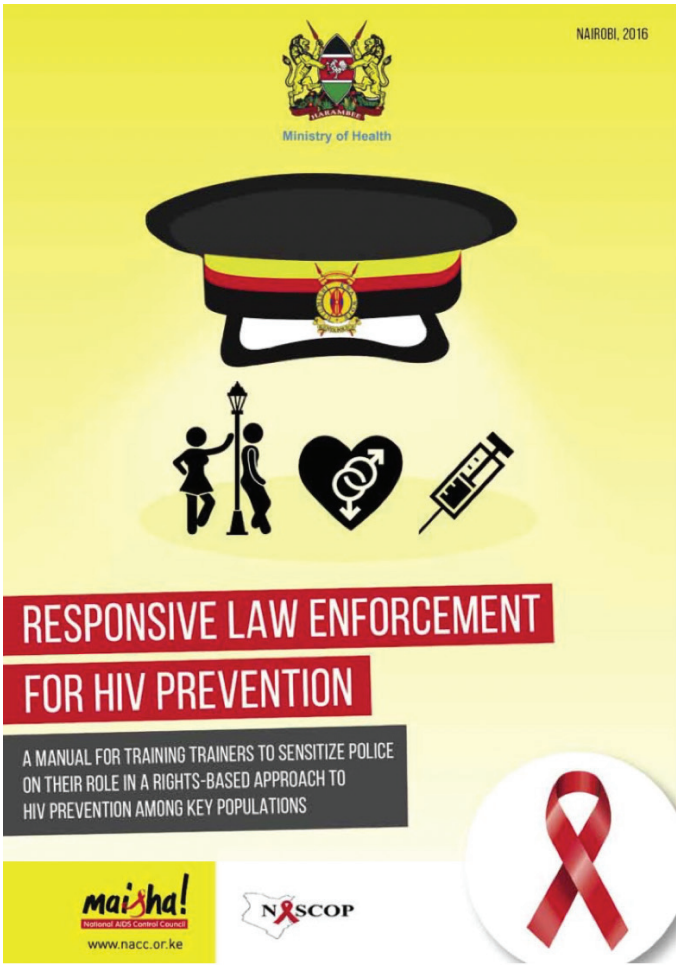
In 2015, under the scope of the subsequent Kenya AIDS Strategic Framework, the Kenyan National Police Service established an HIV and Violence Reduction Program for key vulnerable populations. The program's main objectives were to create a sustainable partnership between the National Police Service and high-risk communities and to encourage police officers to offer front-line public health support to prevent the further spread of HIV.

PROGRAM OUTCOMES AND EVALUATION RECOMMENDATIONS

The Police AIDS Control Units have experienced a number of challenges in achieving their goals. In general, police officers do not see the situations of these vulnerable populations as a policing priority. Since police are often in contact with people from key populations who have engaged in activities considered to be illegal, and these populations tend to have negative perceptions of police, community-police relationships are often strained.

An evaluation of the program recommended that health policy guidelines be developed to support the Kenyan Police Service in addressing various health challenges within their roles and in the context of their interactions with the broader community. These health challenges include overdose prevention, exposure to HIV and tuberculosis, Covid-19, mental health problems, and gender-based violence. The evaluation also recommended updating the police training curriculum to integrate a module on HIV and key vulnerable populations and continuing police training and sensitisation with an educational focus on harm reduction.

As a result of the program, over 5000 police officers across different cadres have received training to date. As a result of this training, attitude changes have been observed among police officers, indicating these changes may in turn contribute to an increase in safety and health outcomes for vulnerable populations. Evaluation data demonstrates that police officers were able to increase their support for vulnerable populations by assisting them to access health services, facilitating access to justice, and helping to re-integrate specific individuals and groups back into mainstream society.



DISCUSSION

WHAT CAN WE LEARN FROM THESE CASE STUDY PROGRAMS?

Law enforcement officers frequently express frustration at the so-called 'revolving door phenomenon', in which people are arrested, detained, and released – only to be arrested again. There is also frustration over situations in which police are called to detain people who clearly need social support or physical and mental health services instead of a law enforcement approach (Krupanski, 2018). In this way, the practices of police are all too often in conflict with public health objectives (Christmas & Srivastava 2019).

While police cannot solve these complex societal issues alone, they can—and have—taken concrete steps to meaningfully improve their practices. Research has shown that harm reduction policing can reduce syringe injuries or other occupational hazards for police, reduce the rates of HIV and hepatitis C, and increase links for populations living on the streets to ongoing services (Van Den Berg et al. 2007; Krupanski 2018). Research further demonstrates the beneficial impact of harm reduction policing on police-community relationships and the uptick in the perceived trust and legitimacy of police agencies among the communities they serve.

The six case study programs showcased in this report are positive examples of police services that have made efforts to understand the needs of communities and to learn about and implement harm reduction policing (Crofts & Patterson 2016). These programs include a diverse range of approaches that bring law enforcement and public health actors together to effectively and humanely address HIV, viral hepatitis, and problematic drug use.

While it is essential to ensure that initiatives fit with the unique culture and contexts of local communities, there are common themes evident across the case study programs that we can learn from. Here we look

at four of these themes: Partnership, national planning, education and training, and data collection.

COMMON THEMES AND UNDERLYING PRINCIPLES FOR EFFECTIVE HARM REDUCTION PROGRAMS

Partnership

A cross-cutting theme was the formation of partnerships between police, social and health services, and affected communities. The value of partnership structures is undeniable, and these case studies add to the growing weight of evidence that demonstrate that a collaborative approach is the most effective way to reduce harm to vulnerable populations. This often involved changing the nature of the relationships, which can be a difficult process and one that is never complete since the nature of the partnerships will continue through the lifecycle of the program.

National planning

The case studies from Kenya, Kyrgyzstan and Zambia highlight the importance of working within the framework of national strategic plans, where possible. In these three examples, a comprehensive strategic plan laid out guidance and direction on how that country should plan its response to HIV/AIDS and other infectious diseases.

National frameworks typically set out how agencies across all levels of government should work together to align their strategies. This includes various ministries or departments and the non-governmental sector.

Education and training

The importance of planning, designing and delivering police training was illustrated in the Kyrgyz case study, where the work of AFEW first focussed on training senior management through a 'training of trainers' approach. Through this approach the organisation was able to train a high

number of police personnel. The importance of police training was also evident in the case study from Scotland whereby training officers to carry and administer naloxone for drug overdose has been an imperative life-saving measure. The Scottish police developed training that was short, focussed, and easy to deliver.

Evaluation and data collection

Ideally, program planning and implementation should be followed by rigorous monitoring and evaluation to ensure that programs are responding effectively and appropriately to the needs of focus communities. For instance, as described in the RxStat New York City case study, systematic and regular sharing of data between key stakeholders facilitated inter-agency cooperation and improved the delivery of appropriate and timely interventions. The program demonstrated the importance of sharing data across sectors to reduce deaths from drug overdose.

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GLEPHA LAW ENFORCEMENT AND HARM REDUCTION SPECIAL INTEREST GROUP

If you are interested in finding out more about the topics explored in this report, consider joining the GLEPHA Law Enforcement Harm Reduction Special Interest Group. The Group is a network of policymakers, practitioners, community organisers and academics who have knowledge, experience and interest in the field of harm reduction. It aims to help build sustainable global and local partnerships to work more effectively with vulnerable groups, such as people who inject drugs, sex workers, prisoners and other incarcerated people, migrants and victims of human trafficking, people who are homeless, and men who have sex with men.

The Group hosts monthly webinars which feature two invited guest speakers and provides an international networking forum for GLEPHA members to engage in discussion and knowledge exchange on the application of harm reduction programs and principles within the realm of public health, policing and community interventions.

To find out more about the Special Interest Group please visit: https://glepha.com/special-interest-groups/law-enforcement-and-harm-reduction-sig

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